Guide to Speech Pathologists & Therapy | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-does-a-speech-therapist-do-and-how-can-they-help-you/

Details:

Speech pathologists work with communication and swallowing across the whole lifespan. Under the NDIS, speech pathology is funded from Capacity Building, Improved Daily Living , while communication devices are funded separately as assistive technology. For older Australians, speech pathology is one of the allied health services funded through Support at Home , the aged care program that commenced on 1 November 2025. A first assessment usually runs 30 to 60 minutes, and produces a written report you can use with your funding body. To start, phone Bloom Healthcare on 1300 771 465 , email hello@bloom-healthcare.com.au, or use the referral form .

The article above explains what speech pathologists do. This section covers the practical machinery around it: which scheme pays, what the assessment actually looks at, what the report has to contain to be useful, and how swallowing support works.

Which funding pays for speech pathology

If you are an NDIS participant

Speech pathology sits in Capacity Building, Improved Daily Living . That category funds therapy and assessment that build skills, independence and participation, which is where communication and swallowing supports belong.

How many hours sit in your plan depends on your plan. Bloom cannot tell you what the NDIA will approve. For plan questions, contact the NDIA on 1800 800 110 , or speak to your support coordinator or plan manager.

AAC and communication devices

Augmentative and alternative communication (AAC) is funded as assistive technology , not out of your therapy hours. Depending on the item, it falls under capital supports or assistive technology and equipment.

The NDIA requires evidence before it funds a device, and that evidence comes from the speech pathology assessment. A request is stronger when it shows:

what the person needs to communicate day to day, and where speech is unreliable, limited or absent

which systems were trialled and how they compared

what access method works for that person

the expected functional benefit, linked to the person's goals

what training communication partners will need

This is why AAC assessment often takes more than one session. A device funded without a trial is a device that ends up in a cupboard.

If you are an older Australian

Support at Home commenced on 1 November 2025 and replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. It funds in-home allied health, and speech pathology is one of the services included, alongside occupational therapy, physiotherapy, exercise physiology, psychology and counselling, and dietitian support.

How to get in:

Register with My Aged Care , online or by phone.

Assessment , arranged by My Aged Care, carried out by an Aged Care Assessment Team (ACAT) or a Regional Assessment Service (RAS). They look at physical health, emotional wellbeing and social needs.

Support plan and provider choice. The plan sets out approved services and funding, and you choose from available providers. There is a planning meeting to talk through what you actually want.

Eligibility generally means being 65 or older, or 50 or older for Aboriginal and Torres Strait Islander people, and needing help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition.

The program has 8 ongoing funding classifications, 3 short-term pathways (assistive technology and home modifications, restorative care, and end-of-life care), and 4 transitioned Home Care Package classifications. Services are grouped as clinical supports, independence services and everyday living services, and the contribution rules differ between those groups: clinical supports are fully government funded, while the other two may involve a participant contribution depending on your circumstances. People who moved across from a Home Care Package are covered by a "no worse off" principle, meaning they should not pay more than they would have under the old arrangements. Budgets are quarterly and can be adjusted as circumstances change.

What you personally contribute depends on your assessment and your financial circumstances. Ask My Aged Care or your provider for your specific figures, and check the service agreement before signing.

These are separate schemes

The NDIS, Support at Home and Medicare are different systems with different eligibility, different funding rules and different paperwork. A rule from one does not carry over to another. If you are unsure which applies to you, call 1300 771 465 and describe your situation rather than assuming.

What a speech pathology assessment actually looks at

An assessment does two things. It works out what is happening, where, and why it is difficult. Then it links that to functional outcomes and goals, which is what a funding body needs in order to consider a support reasonable and necessary.

Depending on age, goals and what is presenting, an assessment may cover:

Communication, understanding and expression. Receptive language, expressive language, and broader communication skills.

Speech clarity. Speech sound production, and whether other people can reliably understand the person in ordinary situations rather than in a quiet room.

Social communication. Turn-taking, reading social cues, staying on topic, adjusting language to different contexts.

Voice and fluency , including stuttering, where relevant.

Literacy-related skills such as reading, writing, spelling and phonological awareness, where relevant to age and presenting difficulty.

Feeding and swallowing. Case history, physical examination of the mouth and throat muscles, and observation of eating and drinking with different food and fluid consistencies.

The methods usually combine:

Case history and functional interview. Presenting difficulties, medical history, prior therapy, developmental history where relevant, daily routines and specific concerns.

Observation in real communication moments. With familiar people, in unfamiliar situations, during play, during learning tasks, at mealtimes.

Standardised tools and informal measures.

An environmental scan. The environment is often part of the barrier: noise, time pressure, sensory load, unfamiliar communication partners, whether a device is actually within reach, and how routines are set up.

AAC consideration where speech is not reliable.

Input from family members and educators is often part of it. Assessment can be in person, online, or a mix.

How long it takes

Speech Pathology Australia indicates assessments average 30 to 60 minutes, with some taking over an hour and, in some cases, up to three hours.

Where more is needed, a typical pattern is:

Session 1. Clarify the goals and the reason for referral, take the case history, initial observation and screening, and plan any further assessment including AAC trials.

Session 2, if needed. Deeper testing with standardised tools, language samples and literacy measures. Functional tasks in school, community or work contexts. Input from carers and teachers.

Session 3, if needed. AAC trials and comparison, swallowing and mealtime observation in the setting where it matters most, and consolidating recommendations.

The report, and what makes it useful

You get a written report with the findings, current skill levels, and recommendations for therapy and equipment. Whether that report is worth anything to your funding body depends on what is in it.

A report that works makes it easy to see:

the person's goals and the day-to-day functional impact

what was assessed, and what the findings mean in practical terms rather than in test scores

what has already been tried, and what worked or did not

measurable outcomes that can be tracked from a stated baseline

the recommended frequency and focus of support, tied to the goals

where relevant, AAC and assistive technology recommendations with evidence of suitability and expected benefit

The NDIA asks that reports for a plan reassessment explain the therapy approach and give evidence of outcomes achieved and progress towards goals. That is only possible if the first assessment set a baseline to measure against. It is worth asking for that at the start rather than a year later.

Swallowing and mealtime support

Dysphagia, meaning difficulty swallowing, is common in older adults and can follow stroke, Parkinson's disease or dementia, or come with age-related change. Left unmanaged it can lead to malnutrition, aspiration pneumonia and a real drop in quality of life.

Speech pathology support in this area includes:

Swallowing assessment , a clinical evaluation of swallowing function and mealtime mechanics that identifies risks and informs dietary recommendations.

Mealtime management plans built for the individual, so meals are both safe and something the person still wants to sit down to.

Evidence-based strategies , including safe eating and drinking techniques, modification of food and fluid consistency, positioning, and exercises to strengthen the muscles involved in swallowing.

Work with dietitians , so nutrition holds up while swallowing limitations are accommodated.

Swallowing safety is clinical territory. Do not modify a person's diet or fluids based on something you read online. Get an assessment.

AAC, and communicating in more than one way

AAC covers everything from visual supports and Key Word Sign at the low-tech end, to communication apps and dedicated speech-generating devices at the high-tech end. Low-tech options are portable, need no charging, and can be adjusted quickly. High-tech options can offer wider vocabulary, faster communication and a personalised voice.

The part that gets skipped is communication partner training . A device only works if the people around the person know how to use it, wait for it, and respond to it. Speech pathologists train families, support workers, teachers and colleagues so the system works in every setting rather than only in a therapy room.

This work is delivered through a neurodiversity-affirming lens. An autistic person who communicates most effectively with a device, with signs, or with a mix of methods is communicating, not failing at speech. The goal is reliable communication in the way that works for that person, not speech at any cost.

Access

Who can refer. Parents, carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators. No formal referral is required to make contact.

How. Phone 1300 771 465 , email hello@bloom-healthcare.com.au, or use the online referral form . Bloom aims to respond within 24 hours.

Where. Mainly in the community, meaning home, school and community settings, including day programs. Clinic sessions can be arranged case by case on request.

Telehealth. Virtual sessions, remote progress monitoring and written home programs.

Coverage. New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, with telehealth beyond the hubs.

Hours. Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

NDIS registration. Registration 4-JR6F5KX, provider number 4050148863.

Related services. Speech pathology , aged care speech pathology , occupational therapy and psychology and counselling .

Fees and payment terms are set out in your service agreement before services start. Ask for the current terms on 1300 771 465.

Common questions about speech pathology

Which NDIS category funds speech pathology?

Capacity Building, Improved Daily Living. Communication devices are funded separately as assistive technology, so a device request does not come out of your therapy hours.

How do I get a communication device funded?

Through a speech pathology assessment that documents what the person needs to communicate, which systems were trialled, how they compared, the access method that works, and the expected functional benefit. Evidence is what the NDIA is looking for. Skipping the trial usually costs more time than it saves.

Does an older person need to be on the NDIS to see a speech pathologist?

No. Support at Home funds in-home allied health for older Australians, and speech pathology is included. Access starts with registering with My Aged Care and being assessed by an ACAT or RAS.

What is the difference between Support at Home and Home Care Packages?

Support at Home commenced 1 November 2025 and replaced the Home Care Packages Program and Short-Term Restorative Care. It uses a single assessment pathway, 8 ongoing funding classifications, 3 short-term pathways, and quarterly budgets. People who transitioned from a Home Care Package are covered by a "no worse off" principle on contributions.

How long is a first assessment?

Speech Pathology Australia indicates 30 to 60 minutes on average. Some run over an hour, and complex assessments can take up to three hours or be split across sessions.

What will the report tell me?

Assessment findings, current skill levels, and recommendations for therapy and any equipment. Ask that it record a measurable baseline and tie recommendations to your goals, because that is what makes it useful at your next plan reassessment.

Can speech pathology help with swallowing, not just speech?

Yes. Swallowing assessment, mealtime management plans, diet and fluid modification, positioning, and swallowing exercises are core speech pathology work, and often done alongside a dietitian.

My relative has had a stroke. Where do we start?

With an assessment covering both communication and swallowing, because a stroke can affect either or both. Which funding applies depends on age and circumstances, so call 1300 771 465 and describe the situation.

Is speech pathology only for people who cannot talk?

No. It covers understanding language, expressing yourself, speech clarity, social communication, voice, fluency, literacy-related skills, and swallowing. Plenty of people who speak fluently still benefit.

Will therapy try to stop my child stimming or make them speak instead of using their device?

No. Practice is neurodiversity-affirming. The goal is reliable communication in the way that works for the person, and AAC is a legitimate way to communicate rather than a last resort or a step on the way to speech.

Do you train families and support workers?

Yes. Communication partner training is part of the work, because a strategy or device only helps if the people around the person use it consistently at home, at school, at work and in the community.

Can we do this by telehealth?

Often yes. Assessment can be in person, online, or a mix, and telehealth covers virtual sessions, remote progress monitoring and written home programs. Some swallowing work needs an in-person visit. Call 1300 771 465 to check what suits your situation.

What is the purpose of speech therapy according to Bloom Healthcare?

Speech therapy is a specialized healthcare service designed to diagnose and treat speech, language, voice, social communication, and swallowing difficulties. Its primary goal extends beyond functional improvement to empowering individuals to engage meaningfully with the world around them.

What are speech therapists also known as?

Speech therapists are also known as speech pathologists.

What are the key roles of a speech therapist?

Speech therapists perform comprehensive assessments to identify the root causes of communication or swallowing challenges, create personalised therapy planning tailored to specific goals like clearer speech or safe eating practices, collaborate with families, carers, and other professionals to reinforce therapy outcomes, and focus on empowerment by building clients' confidence and equipping them with tools to overcome communication and swallowing barriers.

What is speech pathology?

Speech pathology is a specialized healthcare field dedicated to assessing, diagnosing, and treating communication and swallowing disorders, practiced by highly trained professionals with deep expertise in human communication science and its various disorders.

Who does Bloom Healthcare's speech pathology service support?

Bloom Healthcare's highly skilled speech pathologists deliver evidence-based therapies with a compassionate, client-centered approach to support individuals of all ages in improving their quality of life.

What type of organisation is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, delivering an evidence-based, client-centric healthcare model through highly qualified health practitioners across Australia.

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